10/089109

**Application or Docket Number** 

		Effect	do <sup>*</sup> tob	er 1, 20	001	·			220	<i>(</i>	345	OFCI	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TC	TAL CLAIMS						RA	TE .	FEE		RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA		BASI	CPEE		OR	Basic Fee	890	
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ND	EPENDENT CL	AIMS	minus 3 =		•		X4	2=	1		X84=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT							OR			
* If the difference in column 1 is less than zero, enter "0" in column 2								10= TAL		OR	+280=	-	
3.2.65 CLAIMS AS AMENDED - PART II										OR	TOTAL	XiII	
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AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	RA	İE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

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